

The following table describes the capacity of Idaho BOCAPS and partners to address each of the outcomes. Sample capacity indicators and examples of activities to increase that capacity were identified.

Table VI ID Summary of Relationships of MCH Outcomes and Activities			
Outcome	Capacity Indicator	Capacity	Examples of Current Activities
1. Pregnant Women			
Women of childbearing age appropriately use ongoing preventive and primary care.	% of Women ages 18-64 that are uninsured	 36.9% of Low-income Women are uninsured (2001-2002) 20.1% of all Women are uninsured (2001-2002) 	None Identified
	# and dist of family planning clinics serving teens and low-income	69 throughout State (2001)	Family Planning/Reproductive Health Program, BOCAPS
	% of Births that are unintended	37% of Idaho Resident Adult Mothers (3-12 months postpartum) indicated their pregnancy was unintended (2001)	 Family Planning/ Reproductive Health Program, BOCAPS PRATS Surveillance System
	State guidelines for coverage of family planning services under Medicaid	Not Mandated	BOCAPS working with partners to pass this legislation
	% of women who need subsidized family planning services receive them	50% of women in need of publicly funded contraceptive services and supplies were served (2001)	Family Planning/Reproductive Health Program, BOCAPS
	% receiving annual dental care	33.8% of adults had not visited a dentist with the previous 12 months (2003)	Oral Health Program
	Prevalence and treatment of Depression	37.2% of women ages 18-44 thought they may have depression, and 23.6% of pregnant women. (2001)	Adult Mental Health Services Parents as Teachers and other parent-support initiatives
	Breast cancer screening	67% of women ages 40 years+ received a mammogram within the previous 2 years (2002)	Women's Health Check Family Planning/Reproductive Health
	Cervical cancer screening	83.4% of women reported receiving a pap test in the last 3 years (2002)	Women's Health Check Family Planning/Reproductive Health
Pregnant women use early and adequate	% of infants born to 1 st trimester care mothers	81.7% (Average 2001-2003)	Education through WIC, Family Planning, Prenatal Ancillary Program (in 1 District), hospital-based initiatives

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prenatal care.	Barriers to accessing PNC	Reasons for not receiving care as early as desired: unaware of the pregnancy (30.2%), not able to obtain an appointment earlier (28.3%), lacked money or insurance (28.1%), didn't have a Medicaid care (17.0%) or the doctor would not start care earlier (12.3%). (2001)	Some District Health Offices have prenatal care initiatives linking women who come for a pregnancy test to PNC.
	% of pregnant Medicaid-eligible women enrolled	Unknown	Presumptive Eligibility Determination
	% of mothers reporting screening for DV	6.5% of mothers reported that they were physically abused during the 12 month period before pregnancy. 4.2% reported that they were physically abused during pregnancy. (2001)	 PRATS Surveillance System Sexual Violence Prevention activities Idaho Police Surveys and Surveillance Idaho Council on Domestic Violence funds 26 projects throughout Idaho
	Perception of discrimination by prenatal health care providers based on race/ethnicity	Focus group participants in two studies cited discrimination based on race/ethnicity	 Hispanic Issues Training Conference Idaho PCA training and outreach The Hispanic Health Projects, Idaho State University
	% of mothers reporting HIV testing during pregnancy	49.0% of Idaho resident adult mothers indicated that they were tested for HIV during their pregnancy. (2001)	 PRATS Surveillance System Idaho Perinatal Conference Presentation and Booth Idaho STD/AIDS program plans to develop an HIV tracking system
Pregnant women use as appropriate the full range of enabling and support services to promote a positive pregnancy outcome.	 % use of WIC parenting education 	34% of pregnant women were enrolled in WIC (2001) Small numbers of pregnant women served through Baby Steps, Early Head Start	 WIC Baby Steps Early Head Start Hospital-based prenatal classes

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2. Mothers			
Mothers use comprehensive post- partum services and ongoing primary care.	# and distribution of mental health care providers trained to serve postpartum women Malicular Serve CREE	 Every county is Idaho is classified as a Mental Health Professional Shortage Area (2004) 9 Hospitals have postpartum depression support groups (2004) 	Study being done by Boise State University's College of Education PPD Advisory Group
Mothers use as	Medicaid coverage of PPD See Infant Outcomes	Variable	Unknown
appropriate the enabling and support services needed by them and their familes to care for their infants and children. • Mothers have access to breastfeeding information and support as needed.	% initiating breastfeeding % exclusively breastfeeding at 3 months % breastfeeding at 6-months	 87.6% of Idaho mothers initiated breastfeeding at the hospital, and 46.2% were breastfeeding at 6 months postpartum (2002) 55.7% (+6.0) of women reported exclusively breastfeeding at 3 months(2003) 	WIC La Leche league Idaho Breastfeeding Coalition
3. Infants		212 (222)	
Infants are born at term, normal weight and without preventable congenital defects.	Rate of cesarean deliveries % of lowbirth weight births	 21.2 (2003) 6.4% all races and ethnic groups (2000-2003) 10.2 Black infants 6.7 Hispanic infants 6.5 Asian infants 6.4 White infants 5.9 American Indian infants 	ID Perinatal Project Community/Migrant Health Centers Tribal Health Services

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	% premature births	10.4% all races and ethnic groups		
		• 11.7 American Indian infants		
		• 11.6 Black infants		
		• 11.3 Hispanic infants		
		• 10.3 Asian		
		• 10.3 White		
	Infant mortality rate	6.6 all races and ethnic groups (2000-2002)		
		8.8 Hispanic infants		
	Neonatal mortality rate	4.5 all races and ethnic groups (2000-2002)		
		6.8 Hispanic		
	% of infant deaths due to birth defects	30.7% (2002)		
	Rate of deaths attributed to SIDS	62.0 (2002)		
	# of perinatal providers	• 12% of non-Federal primary care	Idaho Perinatal Project	
		physicians are ObGYNs (n=129) (2003)		
		• 161 physicians per 100,000 resident		
		population (2002)		
	% of newborns who received hearing	97% of newborns born in a hospital were	Newborn Hearing Screening	
	screening before hospital discharge	screened for hearing hospital discharge	Program/Idaho Sound Beginnings	
		(2003)	Infant/Toddler Program	
		34 of 35 hospitals participate in screening	Ü	
	% of newborns who received at least one	At least 97% of newborns were screened for	 Newborn Screening Program 	
	screening for each of the metabolic	metabolic conditions (2003)	 Newborn Screening Taskforce 	
	conditions		(MoD, Idaho Hospital Association,	
			BOCAPS, Medicaid, etc)	
	% infants with positive newborn	• Hearing Screening: 54% (2003)		
	screening test results who received	Metabolic Screening: 76% (2003)		
	confirmatory testing and were referred			
37 1	for follow-up treatment as needed	Unknown		
Very low hirthweight/protorm	% VLBW/preterm babies born at facilities equipped to care for them	UIIKNOWN		
birthweight/preterm babies are born in	# and distribution of birthing facilities	6 NICUs (3 Level III, 3 Level II) (2004)		
facilities equipped to	including NICUs	• 23 Counties with no short-term OB Beds		
care for them	morading MCOS	(2000)		
132 131 132		8 Counties have 78% of all short-term		
		OB Beds (2000)		
		CD D000 (2000)		

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Outcome	Capacity Indicator	Capacity	Examples of Current Activities
	% of Infants referred to community support programs	Approx 25% of mothers whose baby was admitted to a NICU reported being told about community support programs like the Infant Toddler or CSHP (1999)	Infant Toddler Program
	% MUAs and HPSAs designations	 68% of Idaho's counties had at least one area with a MUA/MUP designation (2004) 84% of Idaho counties have a primary care HPSA designation (2004) 	 Federally Qualified Health Centers Rural Health Centers Tribal Health Services
Infants are welcomed into a family, a home, and a community that is prepared to care for them.	# of parenting education services by type and geographic reach	 44 Parents as Teacher programs served 1,756 families (2003-2004). Parents significantly increased the amount they read to children Almost all children screened for development, hearing and vision Total number served through parenting education and their geographic location are unknown 	 Children's Trust Fund PAT Parents Encouraging Parents Early Head Start
	TANF enrollment of eligible families	 Monthly family cap of \$309 regardless of the number of persons in the household (2002) 5 percent of low-income children in Idaho receive TANF, compared to 12 percent nationally (2004) 	
	% of families that are food insecure	• 13.7 % of households were identified as food insecure (with or without hunger) (2002)	Food Stamp ProgramWIC
	% of families that are housing burdened	38.3% of households paid more than 30% (and 15.5% paid more than 50%) of their incomes toward housing as of April 2000.	LIHEAPSection 8
Infants appropriately receive ongoing	% of eligible infants enrolled in Medicaid or SCHIP	Unknown	Idaho Covering Kids and FamiliesIdaho CareLine
preventive and primary care.	% of Medicaid enrollees receiving at least one initial periodic screen	 56% of enrolled infants received at least one screening (FFY 03) 48% of the expected number of initial or periodic screenings were actually conducted (FFY 03) 	Healthy ConnectionsInfant Toddler Program

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4. Children			
Children receive ongoing and preventive health care consistent with the Bright Futures Health Supervision Guidelines.	% uninsured children eligible for public insurance EPSDT participant ratio % children up-to-date on immunizations	 40% children under age 18 eligible for Medicaid/CHIP (2002) 0.30 among ages 1-20 in (2003) 83% children ages 19-35 months had basic vaccine coverage (2003) 61% children ages 19-35 months had 	CHIP-B and Access Card Program 94% of all children under age 2 enrolled in IRIS
	% schools that identify and track students with asthma % schools that used an Asthma Action Plans	complete vaccine coverage (2003) 55% schools identifies and tracked asthma students (2001) 29% schools used Asthma Action Plans (2001)	Statewide asthma needs assessment in 2002
	% overweight children	 11.8% WIC children ages 2-5 overweight (2003) 7.4% of children in grades 9-12 overweight (2003) 	Idaho Recommendations for Promoting a Healthy School Nutrition Environment
	% children with dental caries % children with untreated tooth decay	 66% of 3rd graders had dental caries (2001) 27% of 3rd graders had untreated tooth decay (2001) 	State Oral Health Plan developed for 2002-2005
	% children with serious emotional disturbance (SED) % adolescents that attempted suicide	 4% 21 years and younger estimated to have SED (1998) 9% of adolescents in grades 9-12 attempted suicide (2003) 	 Conducted statewide needs assessment of children with SED in 1998 Established Idaho Council on Developed State Suicide Plan in 2004
Children are cared for in environments that protect their health, promote their wellbeing	Number of children with Idaho Child Care Program (ICCP) subsidies % ICCP children served in unregulated settings	9,413 children in ICCP during FY2004 45% ICCP children served in unregulated settings (2001)	Idaho State Training and Registry System (IdahoSTARS)
and ensure their safety	% 3-4-year olds enrolled in school % eligible 3-4-year olds enrolled in Head Start	 37% 3-4-year olds enrolled in school (2000) 44% eligible 3-4-year olds enrolled in Head Start during 2002-2003 	Idaho legislature added 188 new Head Start enrollment slots in 1999

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	 State health services coordinator for all schools? % schools with school-based health centers (SBHC) Nurse-to-student ratio 	 No state health services coordinator 0% schools with SBHCs 1:950 estimated nurse-to-student ratio in 2004 	School Nurse Organization of Idaho
	 Child maltreatment victimization rate Child maltreatment fatality rate 	 5.3 victims per 1,000 (2002) 0.54 deaths per 100,00 (2002) 	Child Welfare Performance Improvement Project Focus Groups conducted by IDHW Regional Directors in 2004
	 % children with elevated blood lead levels Mean blood lead level 	 2% children ages 0-6 "inside the box" within the Coeur d'Alene River Basin 4% children ages 0-9 "outside the box" within the Coeur d'Alene River Basin 2.8 μg/dL "inside the box" 3.2 μg/dL "outside the box" 	Continued clean up of Coeur d'Alene River Basin waste sites
	All-cause mortality rates	 28.0 deaths per 100,000 children ages 1-4 17.5 deaths per 100,000 children ages 5-14 73.9 deaths per 100,000 children ages 15-19 	SAFE KIDS Coalitions in Idaho have helped provide education materials and distribute injury prevention devices such as bicycle helmets
Families have access to and appropriately use services that strengthen their parenting skills	See infant outcomes		
Adolescent children use ongoing health services appropriate to their	High school dropout rate% young adults that complete high school	5% in 1999-200074.7% of adults ages 18-24 completed high school in 2000	Safe and Drug-Free Schools Program activities help prevent school dropout
stage and growth and development.	% adolescents who ever had sexadolescent STI rate	 26.4% of adolescents in grades 9-12 ever had sex (2003) 8.7 adolescents ages 15-19 with STIs per 100,000 (2002) 	 Idaho STD/AIDS Program Idaho Reproductive Health Program

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Outcome	Capacity Indicator	Capacity	Examples of Current Activities
	 % adolescents that smoke cigarettes % adolescents that drank alcohol % adolescents that used illicit drugs 	 17.8% of adolescents in grades 9-12 smoked cigarettes in past month (2003) 34.8% of adolescents in grades 9-12 drank alcohol in past month (2003) 30.6% of adolescents in grades 9-12 ever used marijuana (2003) 	IDHW Substance Abuse Program
		 5.0% of adolescents in grades 9-12 ever used cocaine (2003) 5.6% of adolescents in grades 9-12 ever used methamphetamines (2003) 	
	% adolescents that engaged in motor vehicle crash related risk behaviors	 9.6% of adolescents in grades 9-12 drove while intoxicated (2003) 24.1% of adolescents in grades 9-12 rode with an intoxicated driver (2003) 11.0% of adolescents in grades 9-12 rarely or never wore seatbelts (2003) 	Idaho Department of Transportation's teen driver website, www.xtra4.com
	% adolescents who have been victims of intimate partner violence	 11.2% of adolescents in grades 9-12 were physically abused by an intimate partner (2003) 9.6% of adolescents in grades 9-12 were sexually abused by an intimate partner (2003) 	 IDHW's Sexual Violence Prevention Program Idaho Council on Domestic Violence and Crime Victim Assistance
	 % adolescents that engaged in physical fighting % adolescents that carried a weapon to school 	 11.7% adolescents in grades 9-12 engaged in physical fighting in 2003 7.7% of adolescents in grades 9-12 carried a weapon to school in 2003 4% of 6th graders belonged to gangs in 2002 	Idaho State Department of Education's Safe and Drug-Free Schools Program
	% adolescents that belong to gangs	• 8% of 10th graders belonged to gangs in 2002	
Adolescent children obtain the health and lifestyle information and education that	% schools that require health education courses	 49% of schools in grades 6-12 required at least one health education course in 2002 There is a state health education 	
support life-long	• State health education coordinator?	coordinator	

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positive health behaviors.	% teachers in grades 6-12 that tried to increase student knowledge about sexual risk behaviors in required health education courses	 87% taught human sexuality in 2002 79% taught pregnancy prevention in 2002 92% taught STD prevention in 2002 96% taught HIV prevention in 2002 26% received recent human sexuality training in 2002 	Idaho Governor's Council on Adolescent Pregnancy Prevention (IGCAPP)	
	% teachers that received recent staff development training about sexual risk behaviors for required health education courses	 16% received recent pregnancy prevention training in 2002 41% received recent STD prevention training in 2002 54% received recent HIV prevention training in 2002 		
	 % teachers in grades 6-12 that tried to increase student knowledge about nutrition and physical activity risk behaviors in required health education courses % teachers that received recent staff development training about nutrition and physical activity risk 	 99% taught nutrition and dietary behavior in 2002 99% taught physical activity and fitness in 2002 24% received recent nutrition and dietary behavior training in 2002 	Idaho Recommendations for Promoting a Healthy School Nutrition Environment	
	behaviors for required health education courses	 dietary behavior training in 2002 32% received recent physical activity and fitness training in 2002 		
	 % teachers in grades 6-12 that tried to increase student knowledge about substance use risk behaviors in required health education courses % teachers that received recent staff 	 99% taught tobacco use prevention in 2002 99% taught alcohol/drug use prevention in 2002 	IDHW Tobacco Program's Project Filter	
	development training about substance use risk behaviors for required health education courses • % adolescent smokers that tried to quit	 30% received recent tobacco use prevention training in 2002 47% received recent alcohol/drug use prevention in 2002training 53% of current adolescent smokers in grades 9-12 tried to quit smoking in 2003 		

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Outcome	% teachers in grades 6-12 that tried to increase student knowledge about injury risk behaviors in required health education courses % teachers that received recent staff development training about injury risk behaviors for required health education courses	 Capacity 94% taught accident or injury prevention in 2002 97% taught emotional and mental health in 2002 85% taught suicide prevention in 2002 83% taught violence prevention in 2002 26% received recent accident or injury prevention training in 2002 26% received recent emotional and mental health prevention training in 2002 21% received recent suicide prevention training in 2002 45% received recent violence prevention training in 2002 	 Examples of Current Activities SAFE KIDS Coalitions in Idaho have used training grants to provide injury prevention education to children and families Idaho State Department of Education's Safe and Drug-Free Schools Program
CSHCN Children with a chronic health problem or disabling conditions use all the primary and preventive services needed by typical children.	% of CSHCN needing routine preventive care	64.7% of families reported that their CSHCN needed routine preventive care, such as a physical examination or well-child check-up in 2001 White (66.5) vs Hispanic (52.2) Ages 0-5 (80.5) vs Ages 6-11 (59.9)	Healthy Connections, Medicaid managed care program, increases contact with primary care providers.
	Of those who need preventive care, % that receive it	95.4% of families reported that they were able to obtain preventive care when needed (2001) 66.9% of those who could not obtain care because it cost too much (2001)	Expansion of Community Health Centers.
	% of CSHCN who need dental care	82.9% of families reported that their CSHCN needed dental care (2001) White (83.8) vs Hispanic (68.5) Private Insurance(86.8) vs Uninsured (72.5)	Expansion of Community Health Centers, including some with dental clinics.
	Of those who need dental care, % that receive it	88.5% of families reported that they were able to obtain dental care (2001)	

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CSHCN use the full range of health and health-related services needed to maintain or improve their health and wellbeing and the services to slow, delay, or prevent untoward outcomes resulting from their chronic health condition or disability.	Types of specialty care that are difficult to access	For most types of care, families reported being able to receive it for their CSHCN(2001): 25% of families who reported needing mental health care or counseling for their CSHCN were unable to receive it 23% of families who reported needing genetic counseling for their CSHCN were unable to receive it Cost was #1 reason for inability to obtain care necessary, but varied across types of care	Idaho Council on Children's Mental Health Medicaid and Special Education have partnered to increase number of schools receiving Medicaid reimbursements for Special Education services.
	% of families of CSHCN reporting problems obtaining referrals for needed specialty care	17.9% of families reported a problem getting a referral to see a specialist (2001)	 Medicaid care coordination services Infant Toddler Program
	# and geographic distribution of rehabilitative service providers for children	The majority of therapists are located in urban centers	Idaho Council on Children's Mental Health (Regional and community councils)
	Degree to which the State CSHCN Program provides or finances specialty and subspecialty care, not otherwise accessible or affordable to its clients	Significant changes in the program. Approximately 300 uninsured children will be served in 2005.	CSHP continues to finance services for uninsured children.
	% of CSHCN who receive coordinated, ongoing comprehensive care within a medical home(% unmet need for care coordination, % have personal doctor or nurse; % have a usual source of sick care)	90.2% of CSHCN has a usual source of care 87.6% of CSHCN has a personal doctor or nurse who knows them well 48.3% of parents of CSHCN stated that doctors communicated well with each other 37.1% of parents of CSHCN reported that doctors communicated will with other programs Those with private insurance less likely to receive care coordination than those with public insurance (23.5% vs 40.5%)	CSHP Infant Toddler Program Medicaid Care Coordinators

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Outcome • Families of CSHCN, including their siblings, have access to and use appropriately the full range of health and health-related services required to promote their growth and wellbeing and manage their condition or disability.	Capacity Indicator % of CSHCN who are uninsured % of families of CSHCN reporting receiving family-centered care	Capacity 6.2% of CSHCN are uninsured, 18% of Hispanic CSHCN are uninsured (2001) 12.5% of CSHCN had a gap in health coverage during the year prior to the interview(2001) 84.2% of families reported that insurance usually or always met their child's need Parents of CSHCN reported: 84.4% of doctors usually or always spent enough time 87.0% of doctors usually or always listened carefully 85.9% of doctors were usually or always sensitive to values and customs 80.5% of doctors usually or always provided needed information	Examples of Current Activities Katie Beckett Medicaid Medicaid/SCHIP CSHP St. Luke's Care Coordination and parent support groups Infant Toddler Program	
CSHCN use out-of- home childcare, pre- school and ongoing educational services as appropriate to their age, developmental stage and health condition and/or disability.	% of childcare slots available for CSHCN % of children screened and determined eligible for publicly finances EI services who receive them	Exact % unknown, IDHW reports that it is very limited Approx 5,500 ASQ's sent by mail in 2004. Regional variation in screening initiatives Regional variation in enrollment (2004)	 Medicaid supported "Developmental Disabilities Agency Provider" (but usually not in child care setting) Task force developed to discuss options for increasing access Infant Toddler Program Head Start District Health Offices 	
-		1.53% of 0-1 pop 2.49% of 0-3 pop	- District Health Offices	

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	Availability of transition services to school and from school to adult life	 Only 11 children leaving the IT program were not assessed for special education services in 2002-2003. % of Special Education students employed one year after graduation has decreased by almost 10% in two years to 58.5% in the graduating class of 2002 28.4% of parents reported that there is a plan for addressing their child's changing needs (over the age of 13) (2001) 19.6% of CSCHN over the age of 13 have received vocational or career training (2001) 	 Special Education Program and Infant Toddler Program Idaho Interagency Council IPUL